

**DEPARTMENT OF THE TREASURY • DIVISION OF PENSIONS AND BENEFITS
NEW JERSEY STATE HEALTH BENEFITS PROGRAM**

**STATE BIWEEKLY ACTIVE GROUP
DENTAL RATES EFFECTIVE 12/26/2015 TO 12/27/2016**

DESCRIPTION OF COVERAGE	STATE CONTRIBUTION	EMPLOYEES' CONTRIBUTION	TOTAL
DENTAL EXPENSE PLAN (#399)			
Single	\$8.79	\$8.79	\$17.58
Member & Spouse/Partner	\$15.28	\$15.27	\$30.55
Family	\$24.99	\$24.99	\$49.98
Parent & Child	\$18.52	\$18.51	\$37.03
CIGNA (DPO #305)			
Single	\$5.02	\$5.01	\$10.03
Member & Spouse/Partner	\$8.73	\$8.72	\$17.45
Family	\$14.27	\$14.26	\$28.53
Parent & Child	\$10.58	\$10.57	\$21.15
HEALTHPLEX (DPO #307)			
Single	\$2.02	\$2.02	\$4.04
Member & Spouse/Partner	\$3.51	\$3.51	\$7.02
Family	\$5.75	\$5.73	\$11.48
Parent & Child	\$4.26	\$4.25	\$8.51
HORIZON DENTAL CHOICE (DPO #317)			
Single	\$4.51	\$4.51	\$9.02
Member & Spouse/Partner	\$7.84	\$7.83	\$15.67
Family	\$12.82	\$12.81	\$25.63
Parent & Child	\$9.50	\$9.49	\$18.99
AETNA DMO (DPO #319)			
Single	\$4.80	\$4.79	\$9.59
Member & Spouse/Partner	\$8.35	\$8.34	\$16.69
Family	\$13.66	\$13.65	\$27.31
Parent & Child	\$10.12	\$10.11	\$20.23
METLIFE (DPO #320)			
Single	\$3.63	\$3.62	\$7.25
Member & Spouse/Partner	\$6.14	\$6.14	\$12.28
Family	\$9.92	\$9.91	\$19.83
Parent & Child	\$7.40	\$7.40	\$14.80